

09/16/2004 14:11 FAX 603 624 9229

DAVIS & BUJOLD SEP 16 2004

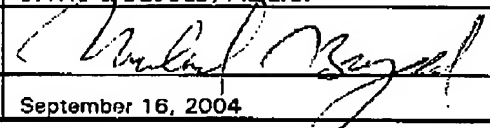
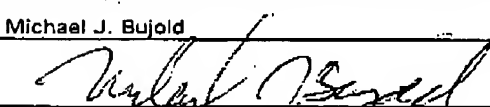
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PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/613,676
	Filing Date	July 3, 2003
	First Named Inventor	Hubert REMMLINGER, Robert INGENBLEEK, Gabriele SCHUWERK and Rolf SCHMITZ
	Group Art Unit	2356
	Examiner Name	Daniel Sean LARKIN Fax: (703) 872-9306
Total No. of Pages in this Submission: 10	Attorney Docket Number	ZAHFRI P520US
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Supplemental Declaration & POA
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	
Signature		
Date	September 16, 2004	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on September 16, 2004		
Type or printed name	Michael J. Bujold	
Signature		
	Date: September 16, 2004	

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9/16/04

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Hubert REMMLINGER, Robert INGENBLEEK,
Gabriele SCHUWERK and Rolf SCHMITZ
Serial no. : 10/613,676
Filed : July 3, 2003
For : METHOD AND DEVICE FOR MACHINE
DIAGNOSIS, ESPECIALLY FOR
TRANSMISSION DIAGNOSIS
Group Art Unit : 2856
Examiner : Daniel Sean Larkin
Docket : ZAHFRI P520US

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.

In response to the official action mailed June 16, 2004, please enter the following before reconsideration of this application.

In the Claims:

Please cancel claims 11, 14-16, 18 and 21, without prejudice or disclaimer of the subject matter therein, and amend claims 12, 13, 17, 19 and 20 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout. Please enter the amended claims into the record of this case.